



**STATE OF TENNESSEE**  
**DEPARTMENT OF COMMERCE AND INSURANCE**  
**DIVISION OF FIRE PREVENTION**  
**ADMINISTRATIVE SERVICES SECTION**  
**PERMITS AND LICENSES UNIT**  
**500 JAMES ROBERTSON PKWY., 3<sup>RD</sup> FLOOR**  
**NASHVILLE, TENNESSEE 37243**  
TELEPHONE: 615-741-1322 FAX: 615-741-1583

OFFICE USE ONLY
Course Number:

## CONTINUING EDUCATION CLASS REQUEST

**THIS FORM MUST BE SUBMITTED AT LEAST TEN (10) BUSINESS DAYS PRIOR TO THE FIRST OFFERING OF THE COURSE. FAILURE TO DO SO MAY RESULT IN DENIAL OF THE COURSE.**

1. Attach an outline of the course. Include the time frames for each segment.
2. Attach a biography of the instructor(s).
3. Attach a statement of the methods and tools to be utilized.

Number of Contact Hours Requested:			
Course Title:			
Date(s) of Course(s):			
Location of Course(s):			
	STREET		
	CITY	STATE	ZIP
Instructor(s) Name:			
Person Requesting Approval:			
Address:			
	STREET		
	CITY	STATE	ZIP
Phone #:	Fax #:	Email Address:	

**NOTE:** 1) If approved, a copy of the approved form with the course number will be mailed to the requestor. The course number must be used on all future correspondence.

2) Notify the SFMO at least ten (10) business days prior to the approved class being held at other dates and locations.

OFFICE USE ONLY	
APPROVED BY:	DATE:



**STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
DIVISION OF FIRE PREVENTION  
ADMINISTRATIVE SERVICES SECTION  
PERMITS AND LICENSES UNIT  
500 JAMES ROBERTSON PKWY., 3<sup>RD</sup> FLOOR  
NASHVILLE, TENNESSEE 37243  
TELEPHONE: 615-741-1322 FAX: 615-741-1583**

**CONTINUING EDUCATION HOURS CLAIMS RECORD**---COMPLETE THE FOLLOWING FORM  
AND SUBMIT TO THE PERMITS AND LICENSES UNIT WITHIN THIRTY (30) DAYS AFTER  
COMPLETION OF THE COURSE.

NAME OF LICENSEE \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/ST/ZIP \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

DAY TIME PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

TYPE OF LICENSE THAT LICENSEE CURRENTLY HOLDS: \_\_\_\_\_ LICENSE # \_\_\_\_\_

**TYPE AND TITLE OF EVENT ATTENDED**

SEMINAR/CONFERENCE: \_\_\_\_\_

OTHER: \_\_\_\_\_

DATE OF EVENT: \_\_\_\_\_

LOCATION OF EVENT: \_\_\_\_\_

HAS THIS EVENT BEEN PREAPPROVED FOR CONTINUING EDUCATION HOURS BY THE STATE  
FIRE MARSHAL'S OFFICE? YES: \_\_\_\_\_ NO: \_\_\_\_\_

IF THIS COURSE HAS NOT BEEN APPROVED IN ADVANCE BY THE STATE FIRE MARSHAL'S  
OFFICE YOU MUST ALSO SUBMIT AN AGENDA, OUTLINE OF THE COURSE, A BIOGRAPHY OF  
THE INSTRUCTOR AND ANY ADDITIONAL INFORMATION REQUESTED BY THE COMMISSIONER  
OR HIS OR HER AUTHORIZED REPRESENTATIVE AS NECESSARY FOR REVIEW OF THE COURSE.

TITLE(S) OF COURSE(S) OR SESSION(S) FOR WHICH CONTINUING EDUCATION HOURS ARE  
BEING CLAIMED, (ATTACH ADDITIONAL FORMS IF NECESSARY). NOTE: ALL INFORMATION ON  
THIS FORM MUST BE COMPLETED AND THE FORM MUST BE SIGNED BY THE INSTRUCTOR  
FOR CREDIT TO BE ISSUED.

<u>COURSE: #</u>	<u>TITLE</u>	<u>HOURS IN CLASS</u>	<u>INSTRUCTOR'S SIGNATURE</u>
<u>(LESS LUNCH AND BREAKS)</u>			

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I HEREBY CERTIFY THAT I ATTENDED THE EVENT AND/OR COURSE OF INSTRUCTION INDICATED  
ABOVE.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**MAIL TO: DEPARTMENT OF COMMERCE AND INSURANCE, STATE FIRE MARSHAL'S OFFICE, PERMITS AND  
LICENSES UNIT, 500 JAMES ROBERTSON PKWY, 3RD FLOOR, NASHVILLE, TN 37243-1159**